

**COPY**

Docket No.: 0765-005US1



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT: Craig A. Judy et al.

EXAMINER: Purdy, Kyle A.

SERIAL NO: 10/598,112

ART UNIT: 1611

FILED: March 5, 2007

TITLE: Compression-coated tablets and manufacture thereof

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**INFORMATION DISCLOSURE STATEMENT**

Pursuant to the duty of disclosure under 37 C.F.R. §§1.56, 1.97 and 1.98, Applicant hereby makes of record the documents listed on the attached modified Form PTO-1449 (submitted in duplicate).

This information disclosure statement is being filed:

- within three months of the filing date of the national application; or
- within three months of the filing date of the entry of the national stage, as set forth in 37 C.F.R. §1.491, in an international application; or
- before the mailing date of a first Office Action on the merits in the above-identified case; or
- before the mailing date of a first Office action after the filing of a request for continued examination under § 1.114; or
- before the mailing date of any of a final Office action, a notice of allowance, or an action that otherwise closes prosecution, and is accompanied by:
  - a statement pursuant to 37 CFR §1.97(e); OR
  - the fee pursuant to 37 CFR 1.17(p) and the enclosed Fee Transmittal Form; or
- before payment of the issue fee, and is accompanied by:
  - a statement pursuant to 37 CFR §1.97(e); AND
  - the fee pursuant to 37 CFR 1.17(p) and the enclosed Fee Transmittal Form.

"Express Mail" Tracking No.: EV644013211US

Date of Deposit: June 26, 2008

I hereby certify that this is being deposited with the Express Mail Post Office to Addressee service under 37 CFR 1.10 on the date indicated above, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

By: Karen A. Herrand  
Karen A. Herrand

Statement Under 37 CFR 1.97(e)

- The documents listed on the attached Form PTO-1449 were first cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of this information disclosure statement. A copy of the communication issued by the foreign patent office is enclosed herewith.
- No item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the undersigned after reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in § 1.56(c) more than three months prior to the filing of the information disclosure statement.

By submitting the Information Disclosure Statement, the Applicant makes no representation that a search has been performed, of the extent of any search performed, or that more relevant information does not exist, nor that the information cited in the Statement is considered to be material to patentability as defined in 37 C.F.R. §1.56(b), nor that the information cited in the Statement is prior art as defined by 35 U.S.C. §102. The order of presentation of references is not to be construed as indicative of the importance of the references.

Please charge any additional fees that may be due, or credit any overpayment, to Deposit Account No. 50-1895, Reference No.0765-005US1.

Respectfully submitted,



Date: 26 June 2008

\_\_\_\_\_  
Leslie Meyer-Leon, Esq.  
Reg. No. 37,381

IP LEGAL STRATEGIES GROUP P.C.  
1480 Falmouth Road  
P.O. Box 1210  
Centerville, MA 02632-1210  
Tel: 508-790-9299; Fax: 508-790-1955

0765-005US1/31657.doc

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2008

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
180

**Complete if Known**

Application Number	10/598,112
Filing Date	March 5, 2007
First Named Inventor	Craig A. Judy et al.
Examiner Name	Purdy, Kyle A.
Art Unit	1611
Attorney Docket No.	0765-005US1

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 50-1895 Deposit Account Name: IP Legal Strategies Group

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	
Utility	310	155	510	255	210	105	_____
Design	210	105	100	50	130	65	_____
Plant	210	105	310	155	160	80	_____
Reissue	310	155	510	255	620	310	_____
Provisional	210	105	0	0	0	0	_____

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
	- 20 or HP =	x	=			
				50	25	
				210	105	
				370	185	
<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 3 or HP =	x	=			

HP = highest number of total claims paid for, if greater than 20.

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/ 50 = (round up to a whole number) x		=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Fee for filing an Information Disclosure Statement 180**SUBMITTED BY**

Signature	<u>Leslie Meyer Leon</u>	Registration No. (Attorney/Agent) 37,381	Telephone 508 790 9299
Name (Print/Type)	Leslie Meyer-Leon, Esq.	Date June 26, 2008	

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (10-07)

Approved for use through 06/30/2010. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Under the Consolidated Appropriations Act, 2005 (H.R. 4818).

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#### 2. EXCESS CLAIM FEES

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##### Small Entity Fee (\$)

50 25

Each independent claim over 3 (including Reissues)

210 105

Multiple dependent claims

370 185

##### Total Claims

##### Extra Claims

##### Fee (\$)

##### Fee Paid (\$)

##### Multiple Dependent Claims

##### Fee (\$)

##### Fee Paid (\$)

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HP = highest number of total claims paid for, if greater than 20.

$$\text{Indep. Claims} \quad \underline{\hspace{2cm}} \quad \underline{\hspace{2cm}} \quad \underline{\hspace{2cm}}$$

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$$\text{Total Sheets} \quad \underline{\hspace{2cm}} \quad \underline{\hspace{2cm}} \quad \text{Number of each additional 50 or fraction thereof} \quad \underline{\hspace{2cm}} \quad \text{Fee ($)} \quad \underline{\hspace{2cm}} \quad \text{Fee Paid ($)}$$

$$- 100 = \underline{\hspace{2cm}} / 50 = \underline{\hspace{2cm}} \quad (\text{round up to a whole number}) \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

##### Fees Paid (\$)

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Signature		Registration No. (Attorney/Agent) 37,381	Telephone 508 790 9299
Name (Print/Type)	Leslie Meyer-Leon, Esq.		Date June 26, 2008

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